

YOUTH STRENGTH CAMP



JULY 13, 15, 20, AND 22
2-3 PM (AGES 10-12)
3-4 PM (AGES 13-15)

**TO SIGN UP OR FOR MORE INFO,
CONTACT US AT:
SNAP FITNESS DEWITT
(563) 659-1948**





Agreement to Participate

Liability Waiver for Minors Participating in Youth Programs

Agreement to Participate. All activities involve certain inherent risks. Regardless of the care taken, it is impossible to guarantee the safety of all participants. While Snap Fitness is using care in conducting the event, it is unable to eliminate all risk from the activities.

CHILD'S INFORMATION

(use additional lines if more than one child)

First Name	Last Name	Gender	Date of Birth
1. _____	_____	M / F	_____
2. _____	_____	M / F	_____
3. _____	_____	M / F	_____
4. _____	_____	M / F	_____

Mother's Name _____ Father's Name _____

Guardian's Name (if applicable) _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Emergency Contact _____

Name	Phone #	Relationship
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Medical Concerns/Restrictions _____

I, and all named individuals above, agree to abide by the rules and regulations set by Snap Fitness. I understand that violations of the rules and regulations, or misrepresentation of information on this form, may result in restriction, revocation, reduction or loss of program privileges without refund.

Waiver and Release: I hereby waive and release Snap Fitness, its officers, agents and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney's fees and court costs, that may result from injury or death,

accidental or otherwise, during, or arising from my child's participation in a recreation program, including transportation to and from activities associated with the program, and any resulting illness and/or injury, and I agree to indemnify and hold harmless Snap Fitness from and against any and all such claims. I recognize that the recreational events or activities being entered into by my child can be dangerous to my child and I accept those dangers. I understand that if my child is injured, this waiver will be used against me and anyone else claiming damage in any legal action because of my child's injury. I hereby acknowledge that I understand and am familiar with the nature of the activities in which my child will participate at this facility, and affirm that my child is in good health and that my child does not have a physical or emotional condition, past or present, of which I am aware, which would in any way affect my child's ability to participate in recreation programs. I also understand that I should have health and accident insurance to cover injuries arising from participation in recreation programs. I also understand that I am responsible for immediate pick-up of my child upon completion of the program the child was registered in.

In case of emergency, I give my permission for emergency medical treatment of my child and for transportation to such treatment.

Photo/Video Consent: Photographs/videos may be taken during various programs. These photographs/videos may be used for future Snap Fitness promotional material.

Please indicate whether you will or will not grant permission to use your child's photo for these purposes.

Yes, I grant permission _____ (Signature)

No, I do not grant permission _____ (Signature)

I, the undersigned, have read, understand, affirm, and agree to the above statements.

Parent/Guardian Signature:

_____ Date _____

Office Use Only

Registration Completed by _____ Date: _____

Mail or drop off this registration and camp fee to:
Snap Fitness Youth Strength Camp, 100 6th Ave., DeWitt, IA 52742
Please make checks payable to: Snap Fitness

If you have any questions, please contact Lydia or Brooke at 563-659-1948